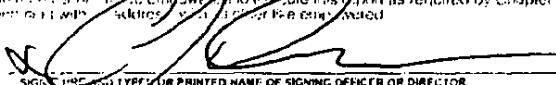


2008 FOR PROFIT CORPORATION ANNUAL REPORT

4/2.

FILED
May 02, 2008 8:00 am
Secretary of State

04-02-2008 90032 019 ***150.00

DOCUMENT # P07000051663			
1. Entity Name DRIVEN AUTOMOTIVE, INC.			
Principal Place of Business 12011 49TH ST N CLEARWATER, FL 33762		Mailing Address 12011 49TH ST N CLEARWATER, FL 33762	
2. Principal Place of Business (If P.O. Box #)		3. Mailing Address	
Suite, Apt. # etc.		Suite, Apt. # etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent VANDAM, AARON 12011 49TH ST N CLEARWATER, FL 33762		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VANDAM, AARON 12011 49TH ST N CLEARWATER, FL 33762 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not require for it a certificate contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate, and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the manager or managing member of the limited liability company; and that my name appears in Block 10 or Block 11 if changed, or on an attached list with addresses, and that I am not the one who changed.			
SIGNATURE: 		x 3/28/08 (722) 686-4636	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

66009408



03262008 Chg-P CR2E034 (12/06)

4. FEI Number **26 016 7478** Applied For Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**